

2005-2007
RENEWAL APPLICATION
PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS
KENTUCKY STATE BOARD OF PHYSICAL THERAPY

This is your renewal application. Verify or furnish the information on *BOTH* sides after first reading the entire document. Incomplete forms will be returned. SIGN & DATE THE AFFIDAVIT and follow instructions concerning payment & renewal deadline at the end of this form. **PLEASE PRINT.**

EXISTING RECORD:

Preferred
Address

☐☐

CORRECTED INFORMATION:

Name _____

Home Address _____

City, State, Zip _____

Home County _____

Telephone # _____

Facility Name _____

Facility Address _____

City, State, Zip _____

Work County _____

Telephone # _____

Full Time _____ or Part Time _____

Email Address _____

PTA's only: LIST PRIMARY PT SUPERVISOR and LICENSE NO.

Note: Home address shall be the official address for the Board.

Please check the appropriate box above for your preferred public address of record for all other purposes. If no box is checked, your home address will be used.

ADDITIONAL WORK LOCATIONS

(Strike through all invalid information)

Existing Additional Site Information:

Corrected Additional Sites:

FACILITY NAME _____

CITY, STATE, ZIP _____

COUNTY _____

TELEPHONE ____ (____) _____

FULL TIME _____ PART TIME _____

PTA's ONLY: PRIMARY PT SUPERVISOR NAME & License #: _____

FACILITY NAME _____

CITY, STATE, ZIP _____

COUNTY _____

TELEPHONE ____ (____) _____

FULL TIME _____ PART TIME _____

PTA's ONLY: PRIMARY PT SUPERVISOR NAME & License #: _____

FACILITY NAME _____

CITY, STATE, ZIP _____

COUNTY _____

TELEPHONE ____ (____) _____

FULL TIME _____ PART TIME _____

PTA's ONLY: PRIMARY PT SUPERVISOR NAME & License #: _____

(OVER)

A F F I D A V I T

I. Since your credential was issued or last renewed in Kentucky, have you:

- A. Been convicted of a felony, misdemeanor, or any crime in the courts of this state or any other state, territory or country? Do not include information of minor traffic violations which do not involve alcohol or other substance abuse. _____ Yes _____ No
- B. Had your license to practice physical therapy or any other health profession disciplined in another jurisdiction or is your license under current disciplinary review in another jurisdiction? _____ Yes _____ No
- C. Had a malpractice settlement or civil judgment entered against you? _____ Yes _____ No
- D. Had any other circumstance which may be in violation of KRS 327? _____ Yes _____ No
- E. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? _____ Yes _____ No
- If Yes to E, are you in default of the repayment obligation? (Per KRS 164.772) _____ Yes _____ No

If the answer to any of the above questions is **yes**, and required information has not already been submitted to the board, enclose *certified copies of the charge(s), conviction(s) and/or judgment(s) and penalty along with a letter to the board* describing the type, place, date and circumstances of the matter. Submit additional information as requested by the board.

I certify that the above statements are true.

Date Signed

Signature

NOTE: There are NO mandatory HIV/Aids education or Continuing Competency requirements due during this renewal period.

Renewal Fee - \$120.00 (received in board office on or before March 31)

Reinstatement Fee - \$170.00 (received in board office after March 31)

Check payable to the "**Kentucky State Board of Physical Therapy**"
or Online at <http://pt.ky.gov>

**KENTUCKY STATE BOARD OF PHYSICAL THERAPY
9110 LEESGATE ROAD, SUITE 6
LOUISVILLE, KENTUCKY 40222-5159
(502)429-7140 - (502)429-7142 (FAX)**

Any license or certificate not renewed by March 31, 2005, will lapse and must be reinstated before Kentucky practice privileges can be restored.